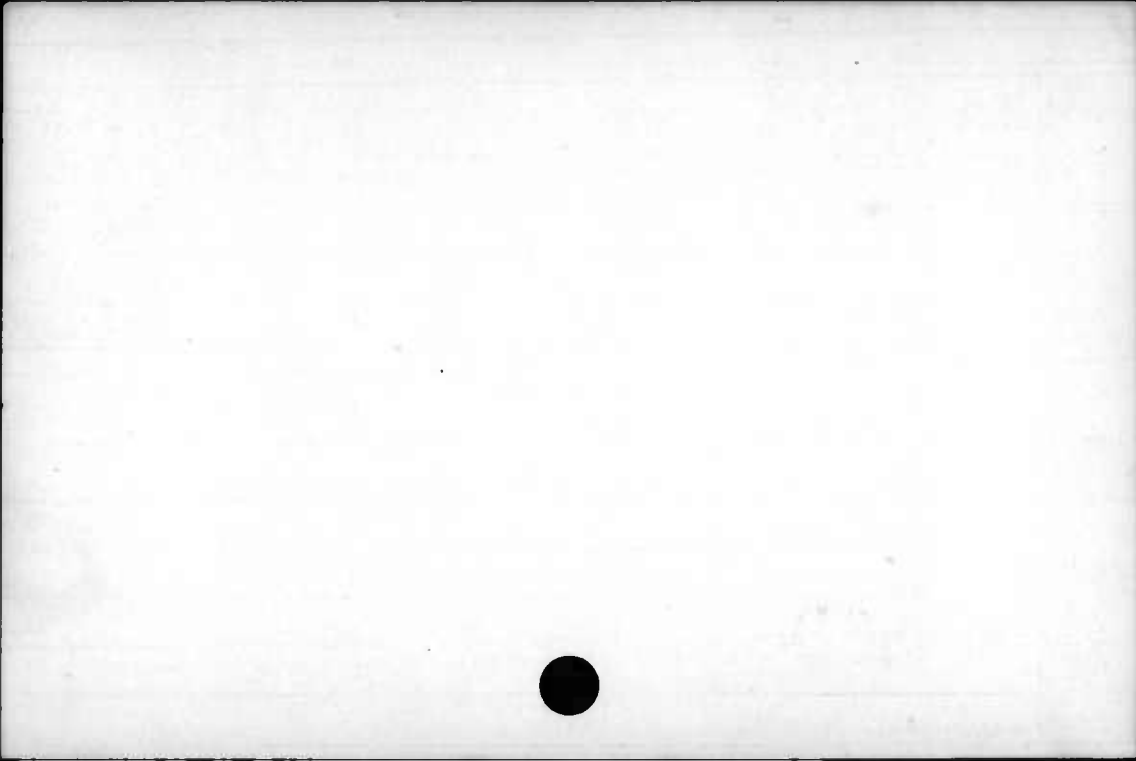


Name in Full Sarah Arnold		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Reese Town	Carroll County	MARYLAND
	Date of death 190 3 Month Feb Day 26	Age 36 Years	Months — Days —
	Sex Female	Color or Race White	Birth-place Maryland
	Married, Single or Widowed Married	Occupation	
	Name of Wife or Husband William Arnold		
	Father's Name Calb Arnold	Father's Birthplace Maryland	
	Mother's Maiden Name Catharine Chestwell	Mother's Birthplace Lo	
Name of person giving Information William Arnold	How related to deceased Husband		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia	How long 1 week	
	Immediate Headache 93	How long	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Jos. D. Herring	
		Address Westmont	
Accident or Suicide? —			



Name in Full

Certificate of Death

John Henry Barnes

Town

County

Died at

MARYLAND

Date 19

03 Feb 2

Age

81 10 3

Native of

Md.

Occupation

Carpenter

Male

White

Married

~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Softening of Brain

How long sick

18 mos

Death

Immediate

Failure of Brain

Accident, Suicide, Homicide

Reported by

David B. Sprecher

Address

Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name
in
Full

CERTIFICATE OF DEATH

315

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Potapsc</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190	3	Month <i>Feb</i>	Day <i>18</i>	Age <i>62</i>	Years <i>62</i>	Months <i>4</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Penna.</i>				
Married, Single or Widowed <i>Widower</i>			Occupation <i>Veterinary Surgeon</i>				
Name of Wife or Husband <i>Laura V. Richards.</i>							
Father's Name <i>Don't Know</i>			Father's Birthplace				
Mother's Maiden Name <i>Don't Know</i>			Mother's Birthplace				
Name of person giving In formation <i>Lucy Ann Burkard.</i>			How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

Primary <i>La Grippe</i>	How long <i>10</i>
Immediate <i>Erysipelas</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Wilson M.D.</i>
	Address <i>Howellsburg Md</i>
Accident or Suicide?	



Name
In Full

TO BE ANSWERED BY
NEAREST FRIEND

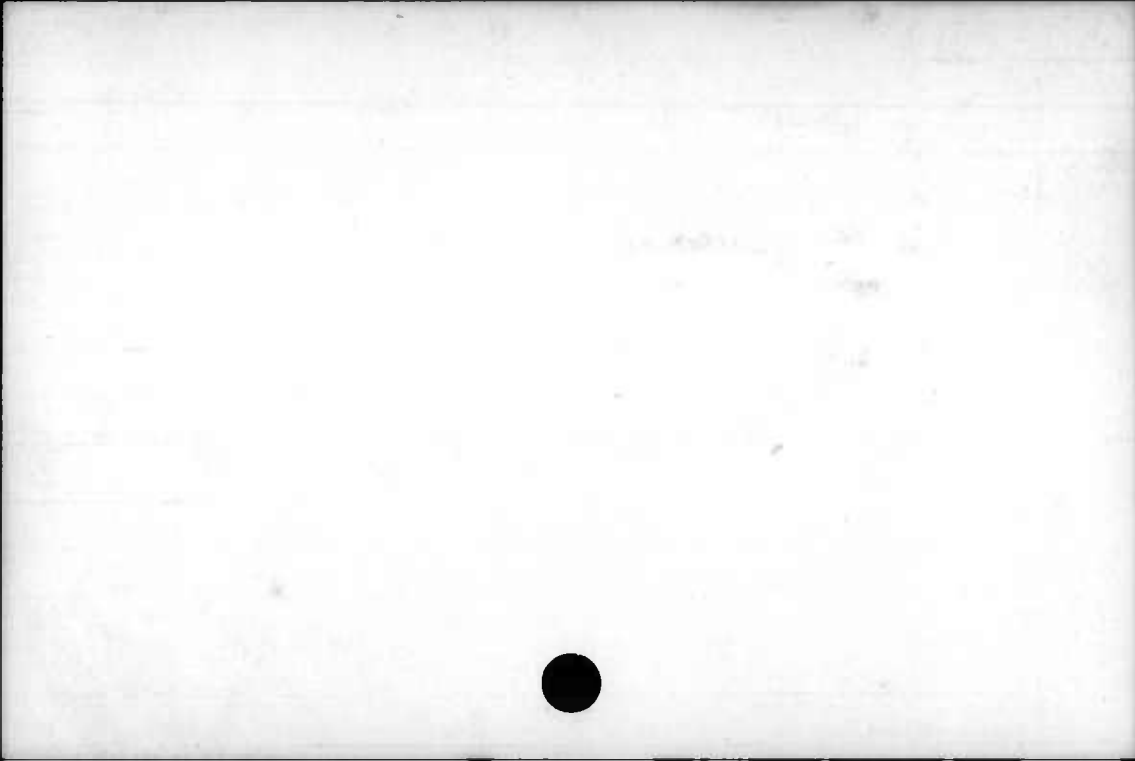
CERTIFICATE OF DEATH

Died at <i>Shifley</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>9</i>	Age <i>86</i>	Months <i>—</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Widower</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Emmaline Ballison</i>					
Father's Name <i>Jacob Cagle</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rachel Kelly</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Geo W Cagle</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>16</i>
Immediate <i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. J. Gorman</i>
	Address <i>W. Washburn</i>
Accident or Suicide?	



Name in Full **Elizabeth H. Clark** CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at Westminster Town		Carroll County		MARYLAND	
	Date of death 1903	Month Feb	Day 24	Age 78 Years	Months 1	Days 26
	Sex Female		Color or Race White		Birth-place Balto	
	Married, Single or Widowed Widowed		Occupation Retired			
	Name of Wife or Husband John F. Clark					
	Father's Name				Father's Birthplace	
	Mother's Maiden Name				Mother's Birthplace	
Name of person giving information Jack Myelly				How related to deceased Nephew		

CAUSES OF DEATH **154**

PHYSICIAN OR CORONER	Primary	General Debility	How long	about 2 years
	Immediate	Paralysis	How long	18 hours
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Chas. R. Foutz M.D.	
	Address Westminster, Md.			

Dr Benjamin's cemetery.

PHYSICIAN
OR CORONER

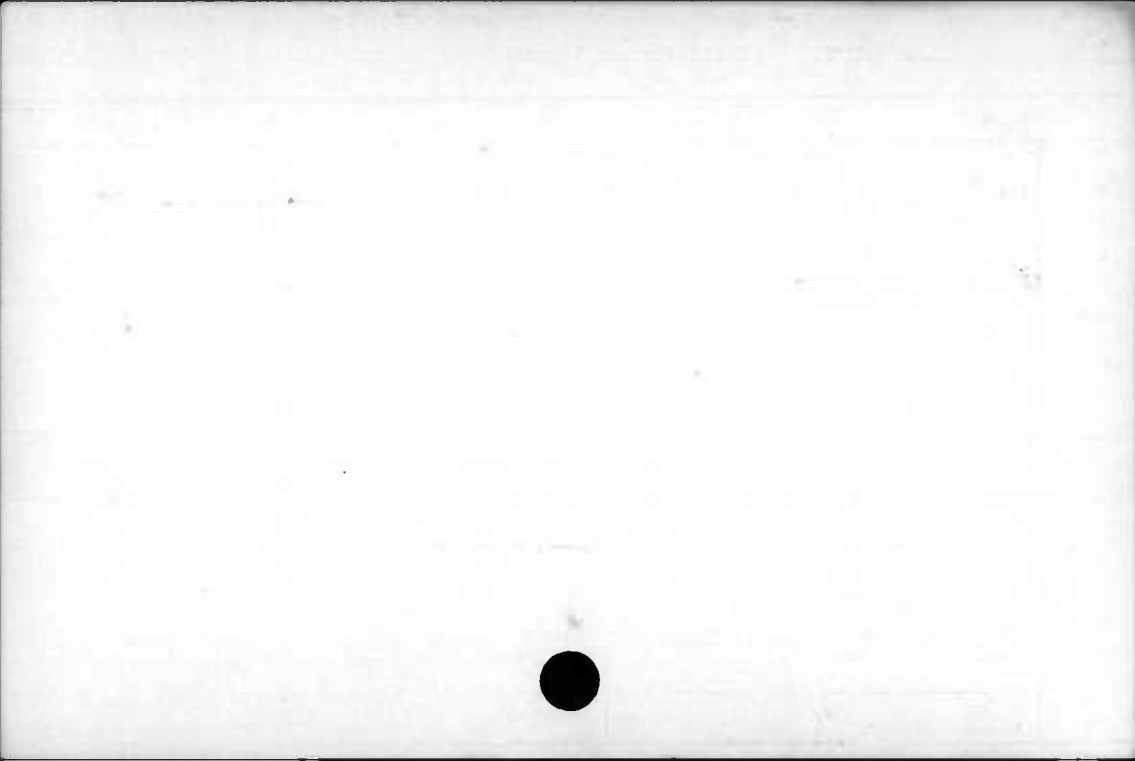
Martha Cooper

CERTIFICATE OF DEATH

Died at <u>Wheatminster</u>		County <u>Carroll</u>		MARYLAND.	
Date of death 190 <u>3</u>	Month <u>Feb</u>	Day <u>5</u>	Age <u>32</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>House work</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Not Known</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Not Known</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Henry Morelock.</u>			How related to deceased <u>not related</u>		

CAUSES OF DEATH

Primary	Sepsis	20	How long about 1 week
Immediate	Peritonitis		How long 6 days.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas R Foutz, M.D.
		Address	Westminister Ind.
Accident or Suicide?			



Name
in
Full

Charles Crawford

CERTIFICATE OF DEATH

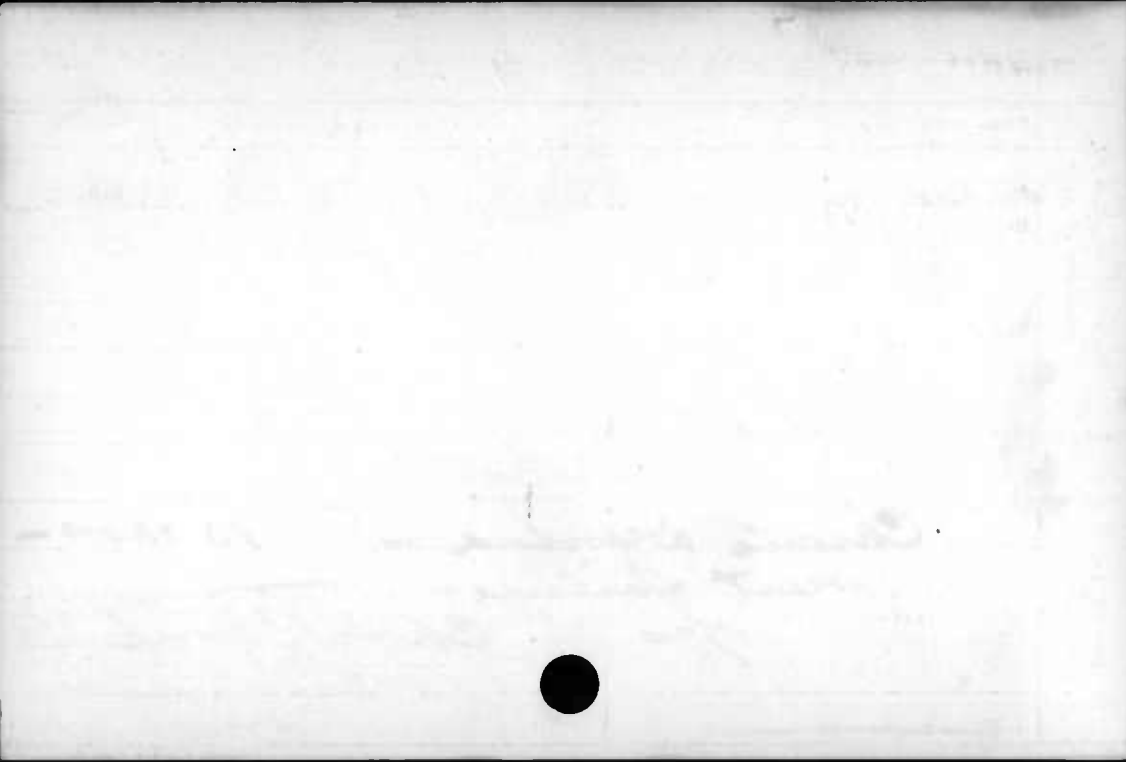
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Windsor</i>		<i>Carroll</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>3</i>	Age <i>35</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Taylorsville</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Linery</i>		
Name of Wife or Husband <i>Mattie Crawford</i>					
Father's Name				Father's Birthplace <i>Md</i>	
Mother's Maiden Name				Mother's Birthplace <i>Md</i>	
Name of person giving information <i>John E. Senseney</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cal</i>	How long
Immediate	<i>Cholera</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>G. C. Henderson M.D.</i>
		Address <i>New Windsor</i>
Accident or Suicide? <i>Accident</i>		



Name
in
Full

Joshua Crawford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Westminster</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Feb</i>		Day <i>4</i>		Age <i>78</i>		Years	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fryzelburg</i>		Months		Days	
Married, Single or Widowed <i>Widower</i>		Occupation <i>Retired</i>							
Name of Wife or Husband									
Father's Name <i>William Crawford</i>		Father's Birthplace							
Mother's Maiden Name		Mother's Birthplace							
Name of person giving information <i>Jno Hessow</i>		How related to deceased <i>Son in Law</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Diarrhoea</i>	How long	<i>10 mos -</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas R Foutz M.D.</i>	
		Address <i>Westminster</i>	
Accident or Suicide? <i>No</i>		<i>Order</i>	

Baust's church

Certificate of Death

MARYLAND

Occupation

~~Divided~~

Number of children living

Mother's Name *Ellen Foght*

How long sick

Immediate

Accident, Suicide, Homicide

Reported by CPM

Address _____

LIBRARY BUREAU, 79706



Name In Full **Arthur Davis**
 Died at **Mary** ^{Town} **Carroll** ^{County} **MARYLAND**
 Date 19 **3** ^{Month} **Feb.** ^{Day} **12** | Age **37** | ^{Y.} **Carroll** ^{M.} **Co.** ^{D.} **Laborer** ^{Native of} ^{Occupation}
 Male ☒ ^{Female} ☐ | White ☒ ^{Colored} ☐ | Married ☒ ^{Single} ☐ | Widow ☐ ^{Widower} ☐ | Divorced ☐ ^{Number of children living}
 Husband of **Margaret F. Davis**
 Father's Name **William Davis** ^{Mother's} **unknown** ^{Maiden Name}
 Cause of Death { Primary **Pneumonia** | How long sick **7 days**
 { Immediate **93** | Accident, Suicide, Homicide
 Reported by **L. Lewis**
 Address **Ridgewick Md.**
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



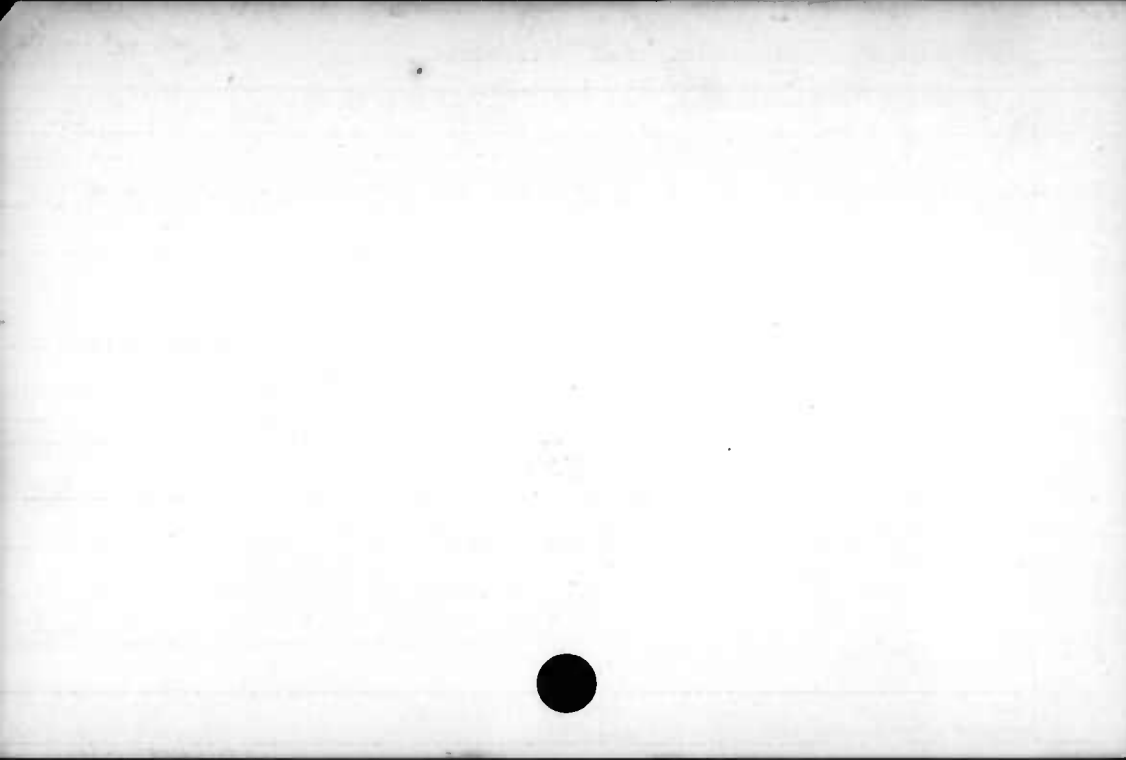
Name
in FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full Margaret Sewillbiss		Town Westminster		County Carroll		MARYLAND	
Died at man		Month Feb		Day 11		Years 83	
Date of death 1903		Month Feb		Day 11		Years 83	
Sex Female		Color or Race white		Birth-place Maryland		Months 9	
Married, Single or Widowed Widow		Occupation		Days 17			
Name of Wife Husband Fredrick Sewillbiss		Father's Name Abraham Bayler		Father's Birthplace Maryland		Mother's Birthplace Maryland	
Mother's Maiden Name		Name of person giving information William Sewillbiss		How related to deceased Son			

CAUSES OF DEATH

Primary	Old age	How long	week
Immediate	Heart Failure	How long	a few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Jas. H. Belknap M.D.	
		Address Westminster Md	
Accident or Suicide?			



Name In Full

Certificate of Death

France (Infant)

Town

County

Died at

Bennett

Barroce

MARYLAND

Date 1899 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2 - 2

Age

- -

1

md

—

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

—

Wife

Father's
Name

James E. France

Mother's
Name

Florence V. France

Cause of

Primary

How long sick

Death

Immediate

152
Mutilical Hemorrhage

Accident, Suicide, Homicide

Reported by

J. J. France, Lucas md

Address

Sylasville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jonas Wesley Fridinger

Died at *Westminster* Town*Carroll* County

MARYLAND

Date
of death 1903Month
*Feb*Day
28

Age

Years
*16*Months
*4*Days
14

Sex

*Male*Color or
Race*White*Birth-
place*Silver Run*~~Married~~, Single
or ~~Widowed~~*Single*

Occupation

*none*Name of Wife or
Husband*-----*Father's
Name*Jonas Fridinger*Father's
Birthplace*Deep Run*Mother's
Maiden Name*-----*Mother's
Birthplace*-----*Name of person giving
In formation*Jonas Fridinger*How related
to deceased*Father*

CAUSES OF DEATH

Primary

measles

How long

5 days

Immediate

Pneumonia + Heart Failure

How long

*14 days -*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Chas. R. Foutz, M.D.*

Address

Westminster

Accident or Suicide?

*Ord.*PHYSICIAN
OR CORONER



Name
in
Full

Laura B. Fritz

CERTIFICATE OF DEATH

32³TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wakefield</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>26</i>	Age	Months <i>1</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Wakefield</i>			
Married, Single or Widowed <i>Single</i>	Occupation				
Name of Wife or Husband					
Father's Name <i>Charles Fritz</i>			Father's Birthplace <i>New Windsor</i>		
Mother's Maiden Name <i>Annie Young</i>			Mother's Birthplace <i>Westminster</i>		
Name of person giving Information <i>Chas. Fritz</i>			How related to deceased <i>Father</i>		

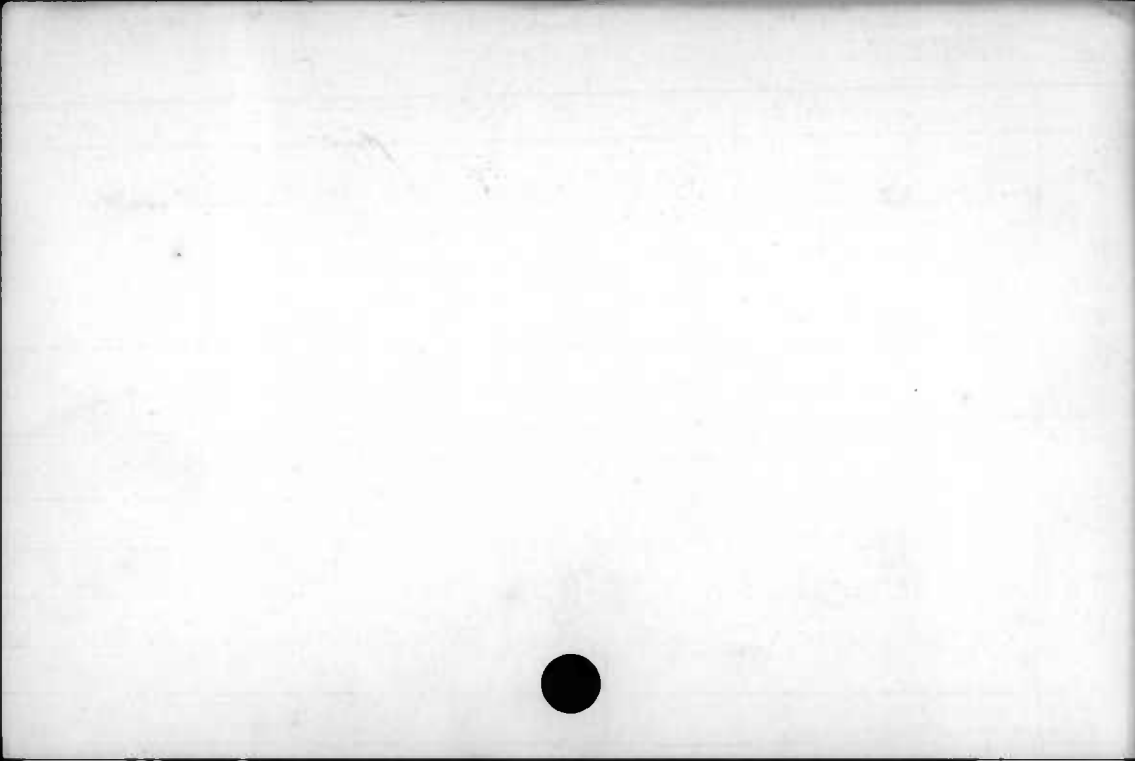
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>5 weeks</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>"</i>	Signature of Physician <i>W. B. [Signature]</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	

Waverfield cemetery

Name in Full William Jasper Garner		CERTIFICATE OF DEATH	
Town near Uniontown		County Marshall	
Died at		MARYLAND	
Date of death 1903	Month 2	Day 28	Age 14
Sex male		Color or Race white	Birth-place near Union Bridge
Married, Single or Widowed		Occupation Farmer	
Name of Wife or Husband			
Father's Name Jasper B. Garner		Father's Birthplace near Union Bridge	
Mother's Maiden Name Hannah S. Lyon		Mother's Birthplace near Uniontown	
Name of person giving information Frank Garner		How related to deceased Brother	
CAUSES OF DEATH			
Primary		How long 4 weeks	
Immediate measles		How long 6	
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician Arthur Kemp	
		Address Uniontown Md	
Accident or Suicide?			



Name
in Full

316

Mary Gore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death 190 <u>3</u> Month <u>Feb</u> Day <u>21</u>	Age <u>In her 88 year</u> Years Months Days				
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Widow</u>		Occupation			
Name of Wife or Husband <u>Jabez Gore</u>					
Father's Name <u>Joseph Caffeeau</u>			Father's Birthplace <u>Irance</u>		
Mother's Maiden Name <u>Sarah Galoway</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Mrs C H Vanderford</u>			How related to deceased <u>Grand Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bronchitis & Heart Weakness</u>	How long <u>90</u>
Immediate <u>Ethanolism</u>	How long <u>Week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Wm D. Wells M.D.</u>
	Address <u>Westminster</u>
Accident or Suicide?	

St Johns

Cemetery

Name in Full

Certificate of Death

Emma⁶ Haines

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2.28

Age

2

Ind

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wayberry



Name in Full

Certificate of Death

Cindy Jane Harner
 Town *Summers Station* County *Carroll* MARYLAND
 Died at
 Date 19*23* Month *Feb* Day *5* Y. *69* M. *2* D. *Ind* Native of *Ind* Occupation *Housewife*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living *5*

Husband of *Jonas Harner*
 Wife
 Father's Name *Samuel Hagenhaupt* Mother's Maiden Name _____

Cause of Death { Primary *Inflammatory Rheumatism* How long sick *2 years*
 Immediate *Valvular disease of Heart* Accident, Suicide, Homicide

Reported by *Levy Jimmie*
 Address *Jenny Harner*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Harris
 Died near Hockettsville, Carroll MARYLAND
 Date 1903 2-24 Age 80 - - - Md Farmer
 Male White Married Widower Divorced
 Single Number of children living 7

Husband
 of
 Wife

Father's Name Mother's Name
 Maiden Name

Cause of Death Primary Pleurisy 92
 Immediate Pneumonia Lobar
 How long sick 10 da.
 Accident, Suicide, Homicide

Reported by Edegar M. Brush M.D.
 Address Hampstead Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jane Harrison
Town County

MARYLAND

Died at

Antainy Carroll

Date 1903

Month Day

Feb 20

Y. M. D.

Age

76

Native of

Md

Occupation

House Wife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wm Harrison

Wife

Father's Name

Jamil Etchison

Mother's

Maiden Name

Bernetta Choxley

Cause of

Primary

Pneumonia

93

How long sick

5 days

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

L. J. Lewis Undertaker

Address

Antainy Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ephriam St Hess

Town

County

Died at

1903

Date

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Date

2

6

Age

66

9

11

Md

Cabinetsmaker

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

8

Husband

of

~~Wife~~

Father's

Name

Cause of

Primary

Heart disease

Death

Immediate

Debility.

Mother's

Name

Bessie Miller

How long sick

4 Months

~~Accident Suicide Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78736



Name in Full

Certificate of Death

Name Charity Hill
 Died Mar ^{Town} Farmington ^{County} Carroll MARYLAND

Date 1908 ^{Month} Feb. ^{Day} 17 ^{Y.} 80 ^{M.} — ^{D.} — ^{Native of} — ^{Occupation} none
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
~~Female~~ Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Mother's Name

Cause of Death { Primary Debility 154 How long sick 6 Mos.
 Immediate — Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968



Name In Full

Certificate of Death

Hopkins, Lamma

Town

County

Died at

Freedom

Carroll

MARYLAND

Date 189-1903

Month

Day

Y.

M.

D.

Native of

Occupation

2 - 5 -

Age

- 3 - -

Und

-

Male

~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

George Hopkins

Mother's

Name

Luisa Hopkins

Cause of

Primary

How long sick

10 days

Death

Immediate

Pneumonia 90

Accident, Suicide, Homicide

Reported by

Frank Lucas M.D.

Address

Sylasville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
3		Feb	23	74	7	28	
Sex	Male		Color or Race	White		Birth-place	Pennsylvania
Married, Single or Widowed	Widower			Occupation			Plasterer
Name of Wife or Husband	Matilda Fisher						
Father's Name	John Huff					Father's Birthplace	New York
Mother's Maiden Name	Rachel Christine					Mother's Birthplace	Pennsylvania
Name of person giving information	Edward Huff					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis		How long	5 weeks
Immediate	Apoplexy		How long	1 1/2 hours
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	M. L. Batt
		Address	Westminster, Md.	
Accident or Suicide?				

Liddestown

Seiss Moner Hysen

Town

County

Died at *Lerugville**Carroll*

MARYLAND

1903

Month

Day

Y.

M.

D.

Netive of

Occupation

Date 189

*2**5*

Age

*6 weeks**Ind*

Male

White

~~Marrred~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name *Samuel Hysen*Mother's
Name *Sarah E Hysen*

Cause of } Primary

Death } Immediate

Whooping cough

How long sick

3 days

★Accident, Suicide, Homicide

Reported by *C. O. Fuss**F. H.*Address *Lancetown**Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Amnell Kesselring

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 8th

Age 82.

Maryland

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Anna Kesselring

Jacob Kesselring

Jennie Smith

Cause of

Primary

Paralysis

How long sick

12 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. J. Sturgis
John W. Mills

Amnell Kesselring

over
LIBRARY BUREAU, 79868

Fathers Birth places
Maryland

Mothers Birth place.
Maryland.

Name in Full

Certificate of Death

Name in Full *Thomas Myers*
 Died at *Maybury* Town *Maybury* County *Carroll* MARYLAND

Date *1903* Month *Feb.* Day *24* Y. *28* M. *28* D. *28* Native of *England* Occupation *Farmer*
 Male *White* Married *Widow* *Divorced*
 Female *Colored* Single *Widower* Number of children living *None*

Husband of *Grace*
 Wife *Grace*
 Father's Name *Joseph Myers* Mother's Name *Grace*

Cause of Death *Pneumonia* Primary *Immediate* How long sick *Two Weeks*
 Death *Immediate* *Accident, Suicide, Homicide*

Reported by *Dr. J. J. Stewart* *93*
 Address *Union Mills* *Carroll Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Barnst-Clunch

Myers

Died at ^{Town} Sykesville ^{County} Carroll MARYLAND

Date 189 ^{Month} Feb ^{Day} 27 Y. ^{Age} ^{M.} ^{D.} ^{Native of} Md ^{Occupation}

Male ^{White} Married ^{Widow} Divorced ^{Female} Colored ^{Single} ^{Widower} Number of children living

Husband of
 Wife
 Father's Name
 Mother's Name Martha A Myers

Cause of { Primary Prematurity
 Death { Immediate Labor
 How long sick
 Accident, Suicide, Homicide

Reported by Daniel B. Spricker
 Address Sykesville



Name

in
Full

unnamed Parker

CERTIFICATE OF DEATH

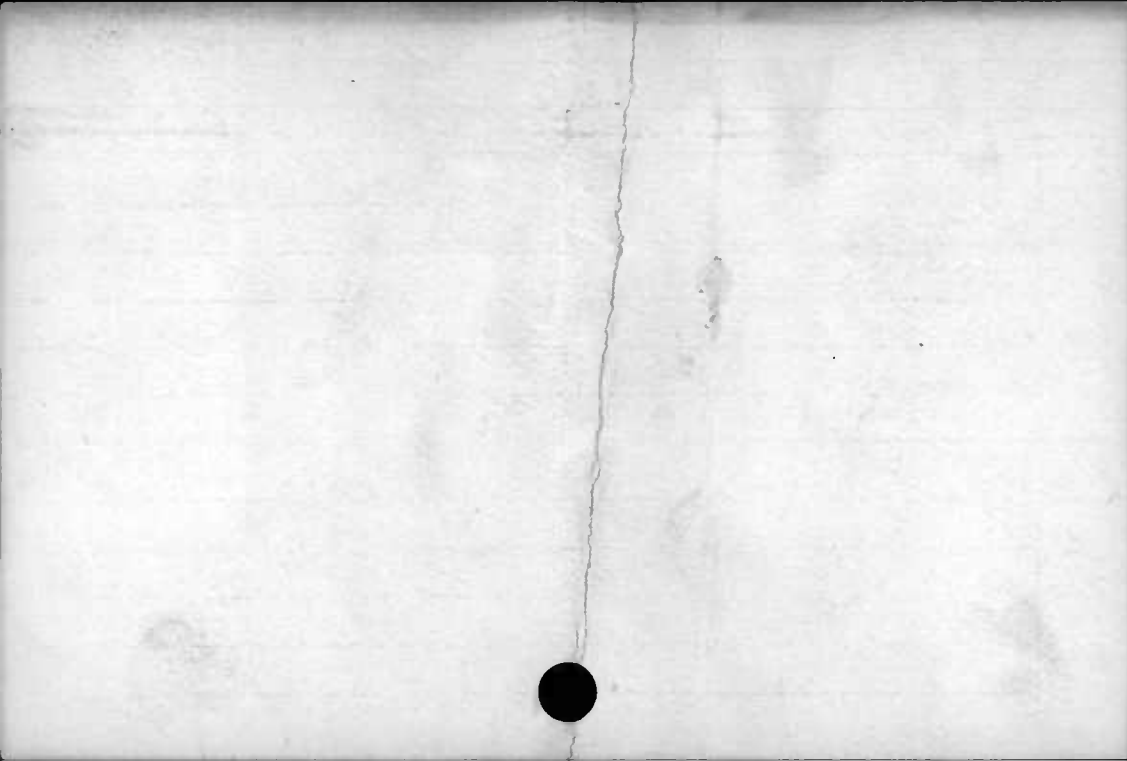
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neap Overland</i>			Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>1</i>	Age <i>Years</i>		Months		<i>8 hrs</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Overland</i>				
Married, Single or Widowed <i>Single</i>				Occupation				
Name of Wife or Husband <i>Carroll</i>								
Father's Name <i>Columbus Parker Jr</i>				Father's Birthplace <i>Carroll Co</i>				
Mother's Maiden Name <i>Bern Reddy</i>				Mother's Birthplace <i>Carroll Co</i>				
Name of person giving information <i>C. Parker Jr.</i>				How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Blue baby</i>	<i>150</i>	How long <i>8 hrs</i>
Immediate <i>Asphyxiation</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Jos. J. Bolt, M.D.</i>
		Address <i>Summersville, Md.</i>
Accident or Suicide? <i>/</i>		



Lucy Payout

Town

County

Died at Springfield State Hospital, Lykensville Carroll County MARYLAND

Date 1903	Month 2	Day 18	Y. M. D.	Native of	Occupation
			Age Unknown	5	2

Male	White	Married 2	Widow 2	Divorced
Female	Colored	Single	Widower	Number of children living 2

Husband of Not known

Father's Name	"	Mother's Name	Not known
	"	Maiden Name	

Cause of	Primary	Senile Dementia	How long sick
Death	Immediate	Pneumonia	19 days -
			Accident, Suicide, Homicide

Reported by Dr. John Norfolk Morris

Address Lykensville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Della Shipley Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Gambier		County Carroll		MARYLAND	
Date of death 190 3	Month Feb	Day 3	Age 13	Years	Months 6	Days 19	
Sex female	Color or Race white		Birth- place Md				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name Benj. F. Poole				Father's Birthplace Md			
Mother's Maiden Name Alberta Bliggard				Mother's Birthplace Md			
Name of person giving In formation				How related to deceased			

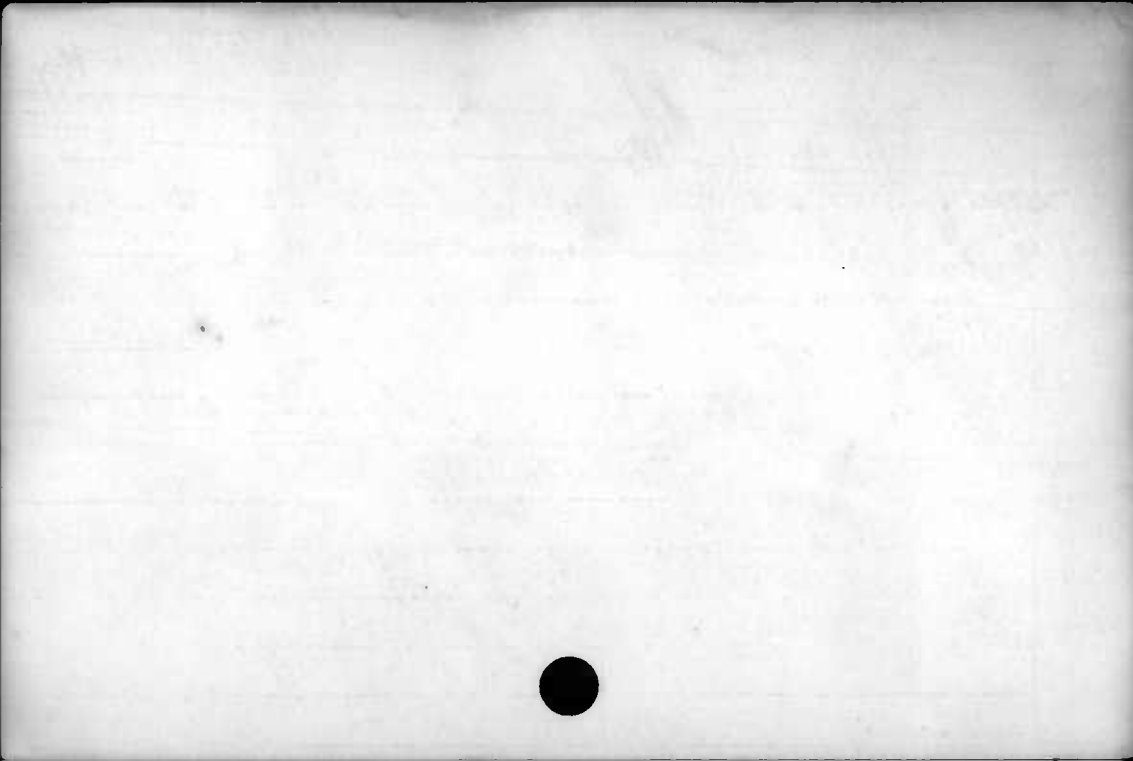
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	How long	1 week
Immediate	Cerebral congestion + meningitis	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. S. N. Gorsuch
		Address	Gambier Md
Accident or Suicide?			

Providence Church

Name in Full		Weldon Colworth Reismider				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Near Trizelburg, Carroll, Co.		MARYLAND		
		Date of death		1903	Feb.	18	Age	4 months 11 days
		Sex		Boy		Color or Race		White
		Married, Single or Widowed		Single		Occupation		
		Name of Wife or Husband				Birth-place		Near Trizelburg
PHYSICIAN OR CORONER		Father's Name		Claude B. Reismider		Father's Birthplace		Taney Town
		Mother's Maiden Name		Emana J. Yingling		Mother's Birthplace		Mayberry
		Name of person giving information				How related to deceased		Parents
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Yes		How long		4 weeks
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. Rhinehart
		Accident or Suicide?				Address		Trizelburg, Md. Carroll, Co.



Name in Full

Certificate of Death

William Reifmiller

Died at ^{Town} near Middleburg^{County} Carroll

MARYLAND

Date	1903	Month	2	Day	11	Age	70	Y.	M.	D.	Native of	med.	Occupation	Farmer
Male		White		Married		Widow		Widow					Number of children living	no children
Female		Colored		Single		Widower								

Husband of Mary Null

Father's Name George Reifmiller

Mother's Name Catherine

Cause of Death	Primary	Heart disease	How long sick	more than a year
	Immediate	Cardiac failure	Accident, Suicide, Homicide	

Reported by G. H. Series, M.D.

Address Gandytown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Not Named

Certificate of Death

Dr. Gardner

Town

County

Died at

Harney

Carroll

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Feb

3

Age

28

CC Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Child

Husband

of

Wife

Father's

Name

William J. Reek

Mother's

Name

Mary Shriner

Cause of

Primary

Whooping cough

How long sick

2 weeks

Death

Immediate

Progressing Asphyxia

Accident, Suicide, Homicide

Reported by

Harry Gardner MD

Address

Harney, Carroll, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Clara Sellers

Town

County

Died at Near Snickersburg Carroll

MARYLAND

Date 1903 Feb 7 Y. M. D. Age 21 - - Native of Md Occupation Housewife

Female

White
Colored

Married
Single

Widow
Widower

Divorced
Number of children living 1

Husband of Jacob H. Sellers
Wife
Father's Name Luther Sawas Mother's Maiden Name Angelina Wagoner

Cause of Death { Primary Pneumonia
Immediate Exhaustion 93
How long sick about 10 days
Accident, Suicide, Homicide

Reported by Chas. R. Foutz, M.D.
Address Westminister, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Date	1903	Month	2	Day	21	Y.	M.	D.	Native of	Ind.	Occupation	
	Male		White		Married		Widow		Divorced			
	Female		Colored		Single		Widower		Number of children living	4		

Cause of	Primary	<i>Myocardium</i>	How long sick	<i>2 mos</i>
Death	Immediate	<i>Exhaustion</i>	Accident, Suicide, Homicide	

Reported by F. H. Lewis, M.D.

Address Gareytown.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *med.*



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Westminster</i> Town		<i>Carroll</i> County			
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>22</i>	Age <i>24</i>	Months <i>3</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Westminster</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>John Shipley</i>					
Father's Name <i>Jacob Kerchner</i>			Father's Birthplace <i>Westminster</i>		
Mother's Maiden Name <i>Amie Crowl</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>John Shipley</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

Primary <i>Empyema</i>	How long <i>9 wks</i>
Immediate <i>Heart Failure</i>	How long <i>8 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jos. J. H. [Signature]</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>1</i>	<i>W4</i>

St-Basilians cemetery

Name in Full

Certificate of Death

Mariah Rebecca Shoemaker Dr. Gardner

Town

County

Died at Harney

Carroll

MARYLAND

Date 1903 Month Feb Day 10 Age 82 Y. 7 M. 26 D. Native of Carroll Co Md - Occupation Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 8

Husband of William Shoemaker
 Wife

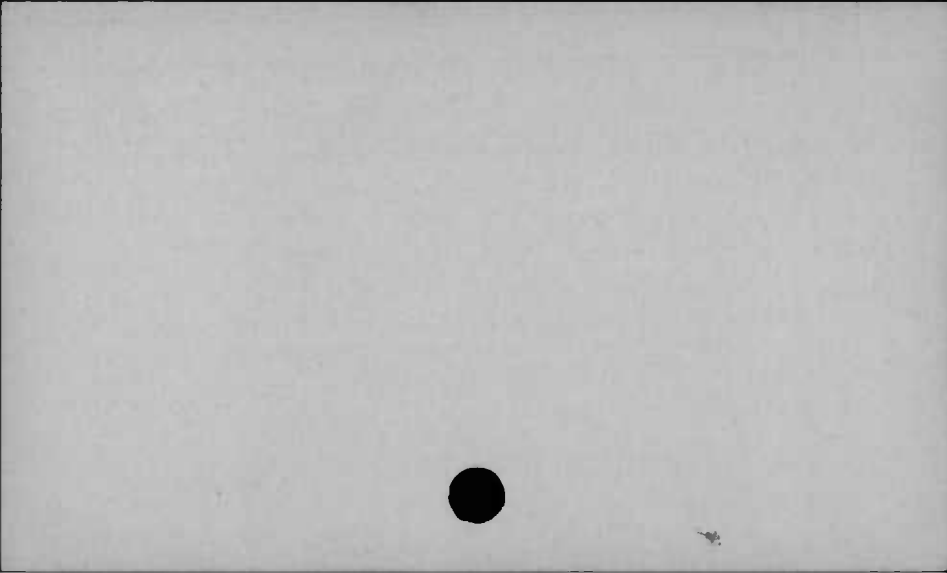
Father's Name Mother's Name 154

Cause of Death { Primary Senile Degeneracy Immediate Heart Failure
 How long sick about - 3 Weeks
 Accident, Suicide, Homicide

Reported by J. Harry Gardner M.D.
 Address Harney Carroll Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death 190		3	Month Feb.	Day 15	Age 14	Months 2	Days 4
Sex Male		Color or Race White		Birth- place Westminster			
Married, Single or Widowed Single		Occupation					
Name of Wife or Husband							
Father's Name Charles Swinderman				Father's Birthplace Westminster			
Mother's Maiden Name Laura Haines				Mother's Birthplace "			
Name of person giving In formation Chas Swinderman				How related to deceased father.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	How long	12 days
Immediate	Perforation	How long	116
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John S. Mathias	
		Address Westminster Md.	
Accident or Suicide?			

Castroville, California.

Name In Full

Certificate of Death

Walter Jacob Uitz

Town

County

Died near West P.O., Carroll MARYLAND

Date 1903	Month 2	Day 11	Age	Y. -	M. -	D. 22	Native of Md.	Occupation
-----------	---------	--------	-----	------	------	-------	---------------	------------

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
Wife

Father's Name Jacob Uitz

Mother's Maiden Name Sarah March

Cause of Primary

How long sick

10 days

Death Immediate

Spasms -

Accident, Suicide, Homicide

Reported by

E. M. Rankenstine undertaker

Address

Rankenstine P.O. Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Levi Valentine</i>		Town <i>Carrollton</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>Feb</i>		Day <i>4</i>	
Age <i>86</i>		Years <i>86</i>		Months <i>6</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Boat Inspector</i>					
Name of Wife or Husband <i>Anna Clark</i>							
Father's Name <i>Jacob Valentine</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Rebecca R. Pitt</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving In formation <i>Mrs George Horch</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>		How long <i>154</i>	
Immediate <i>Heart Failure</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M L Batt</i>	
		Address <i>Westminster</i>	
Accident or Suicide?			

Butcher



Name in Full **313 William Wagner**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town		Carroll County		MARYLAND	
Date of death 190 3	Month Feb	Day 12	Age 49	Months 6	Days 26
Sex Male	Color or Race White		Birth-place Muonitown		
Married, Single or Widowed Single		Occupation Laborer			
Name of Wife or Husband					
Father's Name William Wagner			Father's Birthplace Westminster		
Mother's Maiden Name Annie Cummings			Mother's Birthplace Muonitown		
Name of person giving information Keener Wagner			How related to deceased Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Concussion	How long One hour
Immediate Hemorrhage	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician John S. Mathias
	Address Westminster Md.
Accident or Suicide?	

Winters Church

Died ^{Town} near Eldersburg ^{County} Carroll MARYLAND

Date 1903 ^{Month} Feb. ^{Day} 13 ^{Y.} - ^{M.} - ^{D.} - ^{Native of} Ind. ^{Occupation} -

Male White Marrried Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband
of

Father's Name Herbert Hampton

Mother's Name Nellie Buschey

Cause of ^{Primary} Still Born

How long sick -

Death ^{Immediate} -

Accident, Suicide, Homicide

Reported by MD Hockis, M.D.

Address Eldersburg, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William L. Weitz
 Died at Manchester disol Carroll MARYLAND

Date 19 03 Feb. 20 Age 50.3.22 Native of W. Va. Occupation Laborer
 Male White Married Widow Divorced Number of children living 5
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband
 of
 Wife

Father's Name Philip Weitz Mother's Maiden Name

Cause of Death { Primary Influenza 10 How long sick 6 days
 { Immediate pneumonia Accident, Suicide, Homicide

Reported by John H. Ziegler M.D.
 Address Melrose W. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Near Westminster		Carroll					
Date of death 190	3	Month	Feb	Day	26	Age	90
						Months	7
						Days 10	
Sex	Female		Color or Race	White		Birth-place	Westminster
Married, Single or Widowed	Widow			Occupation	Retired		
Name of Wife or Husband	Jacob Zellers						
Father's Name	L					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information	Jacob Zellers					How related to deceased	Son

CAUSES OF DEATH

Primary	Old age		How long	
Immediate	154		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. D. Hanning
			Address	Westminster
				MD
Accident or Suicide?				

Mt Union Cemetery.